

RYEVIEW CONDOMINIUM

PROCEDURE TO SELL CONDOMINIUM

- 1) Seller or Seller's attorney calls to advise unit has been sold
- 2) Purchaser to fill out and submit Purchase Application (Application fee paid by Purchaser is \$300 check payable to "Robert Orlofsky Realty, Inc.")
- 3) Seller to provide a copy of the signed Contract of Sale, copy of Seller's Deed and bank Mortgage Commitment.
- 4) Purchaser is to provide a copy of Purchaser's Driver's License, Social Security number and Company Name and Business Phone Number.
- 5) Evidence of Liability Insurance (Purchaser)
- 6) Signed Copy of Carbon Monoxide Smoke Detector Affidavit
- 7) Seller to provide forwarding address
- 8) Robert Orlofsky Realty, Inc. will prepare the following documents necessary to effectuate the transfer of the condominium:
 - a) Board of Managers Waiver of Right of First Refusal.
 - b) Letter regarding Common Charges and Assessments.
 - c) Power of Attorney which must be recorded with the office of the County Clerk of Westchester.
 - d) Certificate of Insurance with bank mortgagee endorsement clause.
 - e) Paid Transfer Fee Bill.
 - f) Welcome Packet with information for new owners
- 9) Fees (Bank or Certified Check Only):
 - a) Transfer fee is \$800.00 paid by Seller made payable to "Robert Orlofsky Realty, Inc."
 - b) Purchaser is to provide two months common charges to "Ryeview Condominium" representing contribution to reserve.
- 10) After the closing date is confirmed (advance notice is required (at least 7 business days) so documents can be prepared by transfer agent and the Seller or Agent may pick up the Transfer File at Robert Orlofsky Realty Inc., 7 Bryant Crescent, Suite 1C, White Plains, NY, 48 hours prior to the closing date. Robert Orlofsky Realty does not attend the closing. Check (transfer fee) must be brought when closing file is released for pick-up.



Purchase Application		Date		
PLEASE NOTE IT IS REQUIRED THAT	THE APPLICATION IS FIL	LED OUT COM	IPLETELY BEFORE SUBMITTING	
Applicant's Name				
(Name must be en	tered above in manner that Stock	Certificate and other	Documents are to be drawn)	
Applicant's Attorney	Phone			
C manife Andreas	Name	_		
E-mail Address:	Addres	SS		
City	State	Zip		
Seller's Name		Phone:	Cell	
Email Address:			Business	
Present Home Address			6	
Seller's Attorney		Phone		
,	Name			
Email Address:	Address	3		
City	State	Zip		
The undersigned hereby offers to p	urchase		shares of the Capital Stock of	
			ccompanying Proprietary Lease	
for Apartmentin the	building located at			
		_		
Purchase Price of Stock \$				
Deposit \$	Special conditions, it ar	ıy		
FINANCING Yes \(\bar{\pi} \) No \(\bar{\pi} \) A	MOUNT	BANK_		
(NOTE: This proposal shall result in no legal obling. The undersigned has filled out the application. It is further understood that this Authorized Representative and to the Terms and	olication for occupancy and u application, when signed by the	nderstands that th	nis information is essential in considering	
	For Office Use O	nly	Signature of Applicant	
Date of receipt of Initial Application				
Date of 15-day notice to purchaser(s)		omplete	Application not Complete	
Date Application Completed				
Date of Board Interview and Decision				

Application for Occupancy Personal Information

APT#

Name	SS#	DOB			
	State	Zip	Zip		
Work Phone	Cell Phone				
Email	Rent	Own			
Length of Residence	Rent/Mortgage Paym	ent			
Present Landlord or Mortgage C	·o	Contact			
PhoneAddre	ess	Mortgage Acct. #			
Previous Address	City	StateZip			
Previous Landlord	Phone	Length			
Mother's Maiden Name	In Case of Emergency	In Case of Emergency Notify			
Employment					
Employer	Address				
City	State	Zip			
Supervisor	Company or	Company or Supervisor's #			
Salary	Date of Hire	Date of Hire			
Banking					
Bank					
Address					
Checking Acct.#	SavingsAcct.#	Contact			
Bank (2)		Phone			
Address					
CheckingAcct.#	SavingsAcct.#	Contact			
Business References					
CPA Firm	Contact Name	Phone	Phone		
Law Firm	Contact Name	Phone			
Institutions, Banks, including balances CPA's, to furnish all information request to the Landlord or Employer. I authorize original. I agree that all the above informagree that I am not renting an apartmen to accept or reject this application, also Board of Directors. I understand that a	to conduct inquires concerning my employment and standing information. I authorize all personated of you. In compliance with FCRA, I understande to all above that a photocopy or facsimile copynation is true and that I am of legal age (18 years tunder any other name and I have never been disany misrepresentation by me may be cause for reall processing fees are non-refundable.	s at the above institutions, including Attorned I may not view a copy of the report being fully of my signature and authorization will serve of age or above) to enter into this contract. I possessed. I agree that the owner has the selection by the Landlord, Management Compared.	eys and rnished e as an I further ole right oany, or		
Signature of Applicant		Date			

Names of all Residents known by Applicant					
S-1-1					
Others to C					
Automobile)				
Year	Make	License No			
Year	Make	License No			
Pets					
If you plan to m	naintain any pets please specify				
Personal R	eferences				
Name					
Address					
City		State	Zip		
Name					
Address					
City		State	Zip		
Remarks					
Please give any	y additional information which may	be pertinent or helpful			
		<u> </u>			
	HOUSE RULES, WASH	H THE APARTMENT CORPORATION IING MACHINES AND COMMERCIA WILL NOT BE PERMITTED			
	PLEASE INITIAL				

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